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Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: William M. OuYang, et al.

Serial No.: 09/707,085

Filed: November 6, 2000

For: METHOD AND SYSTEM FOR PRINT
QUALITY ANALYSIS

Attorney Docket No.: XXT-059(D/99572)

Examiner:

Group Art Unit: 2852

RECEIVED
JUL 26 2001
Technology Center 2600

Commissioner for Patents
Washington, D.C. 20231
Attn: Office of Initial Patent Examination
Customer Service Center

REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Please issue a corrected filing receipt for the above-identified patent application.

Applicants request that the attorney docket number be changed as follows:

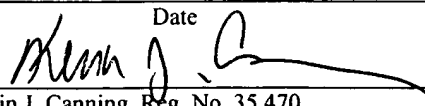
Please replace "XXT-059(D/99592)" with --XXT-059(D/99572)--

Applicants enclose a copy of the Official Filing Receipt with the requested change noted thereon. No fees are believed due to effect the necessary correction. However, if fees are due in connection with the filing of this Request, please charge them to our Deposit Account No. 12-0080.

I hereby certify that this correspondence is deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on:

March 21, 2001

Date

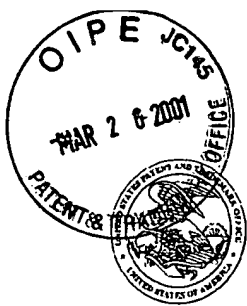

Kevin J. Canning, Reg. No. 35,470

Respectfully submitted,
LAHIVE & COCKFIELD, LLP



Kevin J. Canning
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Dated: March 21, 2001



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/707,085	11/06/2000	2852	1068	XXT-059 (D/995X2)	8	31	5

000959
LAHIVE & COCKFIELD
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BOSTON, MA 02109

7↑
FILING RECEIPT



OC000000005706772

Date Mailed: 01/25/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

William M. OuYang, Rochester, NY ;
Jack Whipple, North Rose, NY ;

Continuing Data as Claimed by Applicant**Foreign Applications**

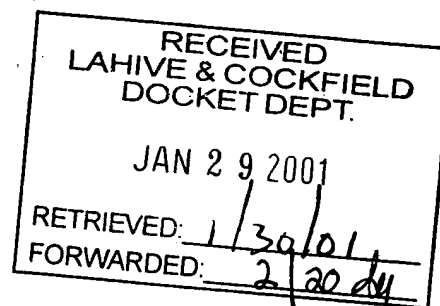
If Required, Foreign Filing License Granted 01/25/2001

Title

Method and system for print quality analysis

Preliminary Class

399



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Data entry by : HARRISON, BRUCE

Team : OIPE

Date: 01/25/2001





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Bib Data Sheet

CONFIRMATION NO. 8321

SERIAL NUMBER 09/707,085	FILING DATE 11/06/2000 RULE	CLASS 382	GROUP ART UNIT 2621	ATTORNEY DOCKET NO. XXT-059(D/99572)	
APPLICANTS William M. OuYang, Rochester, NY; Jack Whipple, North Rose, NY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/25/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
ADDRESS 000959					
TITLE Method and system for print quality analysis					
FILING FEE RECEIVED 1068	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		